

NOTICE TO VACATE

TENANT'S NAME: _____

(LAST)

(FIRST)

(MI)

RATE/RANK: _____

SSN: _____

LEASE ADDRESS: _____

LEASE# _____

HOME TELEPHONE NUMBER: () _____
NUMBER: _____

UNIT TELEPHONE: _____

FAMILY/UPLH: _____

NUMBER OF BEDROOMS: _____

***** *****

REASON FOR VACATING: _____

PRE-VACATE INSPECTION DATE: _____

FINAL INSPECTION DATE: _____

TIME: _____

TIME: _____

FORWARDING ADDRESS: _____

NEW UNIT: _____

NEW UNIT TELEPHONE NUMBER: _____

***** *****

AGREEMENT/ACKNOWLEDGEMENT:

I UNDERSTAND THAT I AM REQUIRED TO PROVIDE A MINIMUM OF 45 DAYS WRITTEN NOTICE TO VACATE QUARTERS. FAILURE TO PROVIDE THE REQUIRED 45 DAYS NOTICE WILL RESULT IN MY BEING CHARGED ANY FEES THAT THE U.S. COAST GUARD MAY HAVE TO EXPEND BECAUSE OF MY FAILURE TO PROVIDE THE REQUIRED NOTIFICATION. I ALSO UNDERSTAND THAT I WILL BE HELD LIABLE WITHOUT LIMITS ON LIABILITY FOR ANY DAMAGES WHICH ARE NOT THE RESULT OF NORMAL WEAR AND TEAR AS PER THE CG HOUSING MANUAL.

I UNDERSTAND THAT I AM REQUIRED TO BE PRESENT FOR MY FINAL INSPECTION. HOWEVER, I MAY HAVE A REPRESENTATIVE ACT IN MY STEAD PROVIDED I PROVIDE THE LOCAL HOUSING OFFICER WITH MY WRITTEN AUTHORIZATION, IN THE EVENT THAT I CANNOT BE PRESENT FOR MY FINAL INSPECTION. I WAIVE THE RIGHT TO APPEAL THIS INSPECTION, MY RIGHT TO A JOINT INSPECTION, AND I AGREE TO ACCEPT THE HOUSING REPRESENTATIVE'S DETERMINATION OF THE CONDITION OF THE QUARTERS WITHOUT OBJECTION.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY CLEANING DISCREPANCIES, RESTORATION CHARGES, AND GROUNDS CARE, AS APPLICABLE, THAT FAIL TO MEET THE REQUIRED STANDARDS. I AGREE TO PAY THESE CHARGES WITHIN 30 DAYS AFTER WRITTEN NOTIFICATION.

I HAVE BEEN COUNSELED THAT IT IS MY RESPONSIBILITY TO ATTEND THE FINAL INSPECTION. I VOLUNTARILY AGREE TO PAY THE ACTUAL COST TO THE GOVERNMENT TO CORRECT/REPAIR ANY DISCREPANCIES OR DAMAGES.

SIGNATURE: _____

HOUSING REP: _____

DATE: _____